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Bib Data Sheet

CONFIRMATION NO. 6863

<b>SERIAL NUMBER</b> 10/091,759	<b>FILING DATE</b> 03/05/2002 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 41305/271123
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**APPLICANTS**  
Adnan M. M. Mjalli, Jamestown, NC;  
Robert C. Andrews, Jamestown, NC;  
Ramosh Gopalaswamy, Jamestown, NC;  
Chris Wysong, Winston-Salem, NC;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/273,454 03/05/2001  
AND CLAIMS BENEFIT OF 60/273,445 03/05/2001  
AND CLAIMS BENEFIT OF 60/273,429 03/05/2001  
AND CLAIMS BENEFIT OF 60/273,455 03/05/2001  
AND CLAIMS BENEFIT OF 60/273,446 03/05/2001  
AND CLAIMS BENEFIT OF 60/273,404 03/05/2001  
AND CLAIMS BENEFIT OF 60/273,403 03/05/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 04/09/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 1	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**  
Cynthia B. Rothschild  
Kilpatrick Stockton LLP  
1001 West Fourth Street  
Winston-Salem, NC 27101

**TITLE**  
Carboxamide derivatives as therapeutic agents

<b>FILING FEE RECEIVED</b> 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____

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